

We're committed to providing benefits and resources that help you know more, choose better and live well.

Eligibility

If you are a full-time or regular part-time employee working at least 20 hours per week, you become eligible for benefits on the first of the month following 30 days of continuous active employment. Your dependents your spouse or domestic partner, your children under age 26, and the dependent children of your domestic partner under age 26—may also be eligible for benefits, including medical, dental and vision.

Dependent Eligibility Verification

If you are adding dependents to medical, dental or vision coverage, you will be asked to complete four steps:

- 1. Review the Dependent Eligibility Matrix at www.getardentbenefits.com/yourbenefits/ benefitsbasics/eligibility to determine if all your dependents meet the plan's eligibility criteria and what documentation is required.
 - **Important:** Spouses or domestic partners who have medical coverage available through their employer must enroll in their employer's plan for primary coverage. They may select your plan for secondary coverage only. If you are enrolling your spouse or domestic partner in medical coverage, you must complete the Spousal Employment Verification Form. If applicable, your spouse's or domestic partner's employer will be asked to verify his or her enrollment in the employer's medical plan.
- 2. Review the following forms to determine if you need to complete and submit them:
 - Spousal Employment Verification Form
 - Domestic Partner Affidavit
- 3. Enroll your dependents through benefitsolver at www.getardentbenefits.com/enroll or by calling 844-411-4780.

You will need your dependents' Social Security numbers to enroll them if they are not currently enrolled.

- 4. Submit the required documentation to benefitsolver within 14 days of making your benefit elections. Information may be submitted by:
 - Scanning/photographing and uploading your documents at www.getardentbenefits.com/enroll, or;
 - Faxing them toll-free to 515-343-2246.

If you do not verify eligibility within 14 days of making your benefit elections, your dependents will not have benefits coverage for 2017.

Wellness Program

The Bravo Wellness Program offers you an opportunity to learn important information about your health status and save money on your medical premiums. Participate by taking the online health assessment and getting an annual wellness screening—offered free on-site at most Ardent locations, or with your doctor—to learn whether you're at risk for chronic health conditions and receive personalized recommendations for getting healthier. Participation in this program is voluntary. The program is offered through Bravo Wellness, a confidential third party.

You receive a discount for participation, and additional discounts for getting screening results in the target ranges. If your spouse or domestic partner is enrolled in the medical plan, he or she may also participate for additional discounts. To participate, you must sign up for your screening within 60 days of your date of hire. To register for your screening, go to www.bravowell.com/ardent. If you have questions, call 844-529-5547.

Medical

Ardent medical plans offer comprehensive coverage. For 2017, you may choose from four plan options. Ardent will offer two Preferred Provider Organization (PPO) plans and two High Deductible Health Plans (HDHP). When choosing one of the HDHP options, you'll also have the opportunity to enroll in a Health Savings Account (HSA) to pay for eligible health care expenses with tax-free dollars. With all our plans, you will have greater coverage when using an Ardent facility.

All Ardent medical plans cover preventive care at no cost to you, offer access to providers through the UnitedHealthcare (UHC) Choice Plus* network and provide coverage for prescription medications and illness or injury. Other features are unique to a particular plan. Find participating providers at www.umr.com.



^{*} At Presbyterian Health Services and NorthwestTexas Healthcare System locations, any true emergency is not excluded, nor is a mental health, alcohol or drug-related service.

HDHP

- Paycheck deductions are the lowest, but the plan has the highest deductibles and out-of-pocket maximums.
- You pay the full discounted cost of care (at innetwork providers) until you meet the deductible, then pay coinsurance until you reach the out-ofpocket maximum.
- You can contribute to a Health Savings Account (HSA)—plus get a matching contribution from Ardent—to pay for health care expenses with tax-free dollars.
- You can contribute to a Limited-Purpose Flexible Spending Account (LPFSA) to pay for eligible dental and vision expenses with pre-tax dollars.

HDHP Plus

- Paycheck deductions are higher than the HDHP option, but you pay less out-of-pocket than with the HDHP option.
- You pay the full discounted cost of care (at innetwork providers) until you meet the deductible, then pay coinsurance until you reach the out-ofpocket maximum.
- You can contribute to an HSA—plus get a matching contribution from Ardent—to pay for health care expenses with tax-free dollars.
- You can contribute to an LPFSA to pay for eligible dental and vision expenses with pre-tax dollars.

PPO

- Paycheck deductions are higher than with the HDHP options, but this plan has lower deductibles and outof-pocket maximums than the HDHP options.
- You pay copayments for office visits and prescriptions drugs, or coinsurance on certain services after you meet the deductible.
- You can contribute to a Health Care Flexible Spending Account (HCFSA) to pay for eligible expenses with pre-tax dollars.

PPO Plus

- This plan pays benefits at the highest level, but it also has the highest paycheck deductions.
- Your copayments and coinsurance on certain services (after you meet the deductible) are lower than with the PPO plan.
- You can contribute to a HCFSA to pay for eligible expenses with pre-tax dollars.



Medical Benefits														
	HDHP*			HDHP Plus*			PPO			PPO Plus				
	Ardent Network or UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network or UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network	UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network	Ardent Network	UHC Choice Plus (when services are NOT available in Ardent network)	UHC Choice Plus (when services are available in Ardent network)	Out-of-Network
	Tier 1 / Tier 2	Tier 3	Tier 4	Tier 1 / Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4
Calendar Year Deductible Individual Family	\$3,000 \$6,000	\$4,000 \$8,000	\$5,000 \$10,000	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$500 \$1,000	\$1,000 \$2,000	\$2,500 \$5,000	\$4,000 \$8,000	\$250 \$500	\$1,000 \$2,000	\$1,500 \$3,000	\$2,000 \$4,000
Out-of-Pocket Maximum*** Individual Family	\$5,500 \$11,000	\$6,550 \$13,100	\$10,000 \$20,000	\$4,000 \$8,000	\$6,550 \$13,100	\$10,000 \$20,000	\$2,500 \$5,000	\$5,000 \$10,000	\$7,150 \$14,300	\$10,000 \$20,000	\$1,000 \$2,000	\$5,000 \$10,000	\$7,150 \$14,300	\$10,000 \$20,000
Coinsurance	20%	40%	50%	20%	40%	50%	10%	20%	40%	50%	N/A	20%	40%	50%
Preventive Services	\$0	\$0	Not covered	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
Office Visit Copay Primary Care Physician Specialist	20% after deductible 20% after deductible	20% after deductible 20% after deductible	50% after deductible 50% after deductible	20% after deductible 20% after deductible	20% after deductible 20% after deductible	50% after deductible 50% after deductible	\$25 copay \$50 copay	\$25 copay \$50 copay	\$25 copay \$50 copay	50% after deductible 50% after deductible	\$15 copay \$35 copay	\$15 copay \$35 copay	\$15 copay \$35 copay	50% after deductible 50% after deductible
Hospital Care Inpatient Outpatient	20% after deductible 20% after deductible	40% after deductible 40% after deductible	50% after deductible 50% after deductible	20% after deductible 20% after deductible	40% after deductible 40% after deductible	50% after deductible 50% after deductible	10% after deductible 10% after deductible	20% affer deductible 20% affer deductible	40% after deductible 40% after deductible	50% after deductible 50% after deductible	\$250 per admission \$125 per admission	\$500 per admission \$250 per admission	40% after deductible 40% after deductible	50% after deductible 50% after deductible
Urgent Care	20% after deductible	40% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible	\$30 copay	\$60 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	\$40 copay	50% after deductible
Emergency Room	20% after deductible	40% after deductible**	50% after deductible**	20% after deductible	40% after deductible**	50% after deductible**	10% after deductible	20% after deductible	40% after deductible**	50% after deductible**	\$150 copay	\$200 copay	40% after deductible**	50% after deductible**
Prescription Dru	ug Benefits†													
	HDHP			HDHP Plus			PPO			PPO Plus				
Calendar Year Deductible	\$3,000 (\$6,000 per family)*			\$1,500 (\$3,000 per family)*			\$0 deductible			\$0 deductible				
Retail (up to 30-day supply)														
Generic	20% after deductible			20% after deductible			\$15 copay			\$15 copay				
Preferred Brand	20% after deductible			20% after deductible			\$30 copay			\$30 copay				
Non-Preferred Brand	20% after deductible			20% after deductible			\$60 copay			\$60 copay				
Specialty Drugs	20% after deductible			20% after deductible			\$120 copay			\$120 copay				
Mail Order (up to 90-day supply)														
Mail Order	20% after deductible			20% after deductible			2x retail copay			2x retail copay				

 $^{^{}st}$ HDHP and HDHP Plus options include:

A combined medical and pharmacy deductible.

[•] A non-embedded family deductible. This means that all family members' expenses will be combined to meet the entire \$3,000 family deductible before the plan begins contributing toward your family's health care expenses.

pocket max, that individual doesn't have to wait for the entire-family OOP max to be satisfied before plan pays 100% of his/her covered services.

[•] An individual out-of-pocket maximum that is embedded in the family out-of-pocket maximum. This means if one family member meets the out-of-

^{**} Covered in-network for true emergency.

^{***} OOP maximum includes deductibles, copays and coinsurance.

[†] Mandatory Generic Provision—If a generic drug is available and you or your doctor choose a brand-name drug, you will be responsible for the generic coinsurance or copay amount, PLUS the difference in cost between the brand dispensed and the generic.

Health Savings Account (HSA)

The HSA is a savings account that allows you to pay for eligible health care expenses with tax-free dollars. You own your HSA, and the money is yours to keep, even if you change jobs or retire. Enjoy the benefits of an HSA, including a matching contribution from Ardent, when you enroll in one of our High Deductible Health Plans (HDHPs) and establish an HSA.

In 2017, you can contribute up to \$3,400 for individual coverage and up to \$6,750 for family coverage to an HSA. This includes both your and Ardent's contributions. If you're age 55 or older, you can contribute an additional \$1,000 in catch-up contributions.

Matching contribution from Ardent

When you enroll in an HDHP and open an HSA, Ardent will match your contributions—up to \$400 for employeeonly coverage and up to \$800 for employee + spouse, child(ren) or family coverage.

Watch your HSA grow

- Tax-free deposits—The money you contribute isn't taxed up to the IRS limit.
- Tax-free earnings—Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals—Money used toward eligible health care expenses isn't taxed now or in the future.

HSA eligibility

- You must have coverage under a qualifying HDHP.
- You can't participate in another health plan that's not a qualifying HDHP, such as your spouse's plan or a Health Care Flexible Spending Account (HCFSA), but you can participate in a Limited-Purpose FSA for vision and dental expenses only.
- You can't be entitled to Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.

Managing your account

You can access your HSA funds by using the WageWorks® Healthcare Card to pay for eligible expenses, such as your deductible, copays or coinsurance for doctor visits or prescription medications. A full list of eligible expenses is available at www.wageworks.com.

Opening your HSA

Here's what you need to do:

Enroll in an HDHP and elect your pre-tax HSA contribution at www.getardentbenefits.com/enroll or by calling benefitsolver at 844-411-4780. Because you're opening a bank account by electing the HSA, you'll be required to accept the BNY Mellon (our HSA custodian bank) terms and conditions during the enrollment process and to provide an email address.

Your information will be sent to WageWorks and your HSA account will be opened. Your contributions will be deducted beginning on the first payroll after your medical coverage is effective. The matching Ardent contribution will be sent at the same time as your first HSA deduction. If there is any additional documentation required, you will receive an email with details requesting the documentation. If you do not respond within 90 days, your account will not be opened and any contributions will be returned.

You'll receive a welcome packet from BNY Mellon once your HSA has been activated. This generally takes five to seven days. HSA accounts will be subject to a \$2 monthly administrative fee.





It's easy to use your HSA with the HDHP plans!

- First, you pay the full discounted cost of care (at innetwork providers) until you meet your deductible. Your contributions, plus Ardent's matching contributions, can help you pay for the cost of the deductible, coinsurance and other eligible health care expenses. Preventive care is always covered 100 percent in-network, so you won't need to use your HSA dollars for those important services.
- Then, you and the plan share costs. At Ardent facilities, the plan pays 80 percent of your medical expenses and you pay 20 percent until you reach your out-of-pocket maximum.
- After that point, the plan covers the rest!

Deductible

HDHP Plus: \$1,500 individual

\$3,000 family

HDHP: \$3,000 individual \$6,000 family

Out-of-pocket maximum

HDHP Plus: \$4,000 individual

\$8,000 family

HDHP: \$5,500 individual \$11,000 family



Dental

We offer one dental plan, Delta Dental, which covers routine checkups and other dental care. Delta Dental offers two networks: the Delta Dental PPO network, where you pay the lowest amount for services; or the Delta Dental Premier network, where you will pay a slightly higher amount for services. Find participating providers at www.deltadentaltn.com.

Maximum dental benefits

The dental plan pays a \$1,500 calendar-year maximum benefit for each enrolled member. The lifetime maximum benefit per enrolled member for orthodontia is \$1,000.

Dental						
	Delta Dental PPO You Pay	Delta Dental Premier You Pay	Out of Network You Pay ¹			
Annual Deductible	None	\$50 per person, \$150 per family	\$50 per person, \$150 per family			
Diagnostic & Preventive Services	0%	0%, no deductible	0%, no deductible			
Basic Services	10%	20%	20%			
Major Services	40%	50%	50%			
Orthodontic Lifetime Deductible	\$50 per person, \$150 per family	\$50 per person, \$150 per family	\$50 per person, \$150 per family			
Orthodontic Services	50%	50%	50%			

¹ Non-participating dentists can balance-bill you for charges in excess of Delta Dental's maximum plan allowance.

Vision

Vision benefits are offered through VSP. To locate a provider in your area, call VSP at 800-877-7195 or visit www.vsp.com/.

Vision						
	In-Network You Pay	Open Access You Pay				
Eye Exams Once every 12 months	\$20 copay	Charges over \$50				
Frames Covered every 24 months	Charges over \$130	Charges over \$70				
Lenses Covered every 12 months						
Single lenses Bifocal lenses	\$0 \$0	Charges over \$50 Charges over \$75				
Trifocal lenses Standard progressive lenses	\$0 \$50	Charges over \$100				
Contacts		Charges over \$75				
Every 12 months: Contact lenses are covered in lieu of lenses or frames.	Charges over \$130	Charges over \$125				

Life, Accident and LTD Insurance

Basic Life, Accident (AD&D) and Long-Term Disability Insurance is provided for eligible employees. If you purchase voluntary coverage, Evidence of Insurability (EOI) may be required.

Life, Accident and LTD Insurance					
Company-Provided Benefits					
Basic Life Insurance ¹	1 time your annual salary with a maximum benefit of \$500,000				
Basic AD&D Insurance ¹	1 time your annual salary with a maximum benefit of \$500,000				
LTD Insurance ²	Payments begin on your 91st consecutive day of approved disability and provide you with 40% of your salary, up to a \$4,000 monthly maximum. Coverage continues until you are no longer disabled, as defined by the contract or your Social Security normal retirement age.				
You May Purchase					
Optional Life Insurance ¹					
For you	Up to 4 times your salary with a \$500,000 maximum				
For your spouse	\$5,000 increments, up to a \$50,000 maximum				
For your child(ren)	\$5,000 or \$10,000				
Optional AD&D Insurance ¹					
For you	Up to 4 times your salary with a \$500,000 maximum				
For your spouse	\$5,000 increments, up to a \$50,000 maximum				
For your child(ren)	\$5,000 or \$10,000				
Optional LTD Insurance ²	If you purchase optional LTD insurance, you receive an additional 20% of earnings, up to a combined maximum of \$5,000 per month (including the LTD insurance provided by the company).				

¹ An age reduction schedule applies beginning at age 70. See your Summary Plan Description for the complete reduction schedule.

² Reduced benefits are available beginning at age 60. See your Summary Plan Description for the complete reduction schedule.



Flexible spending accounts (FSAs)

You can save money on everyday expenses by participating in the Health Care Flexible Spending Account, Limited-Purpose Flexible Spending Account and the Dependent Care Flexible Spending Account. The FSAs are administered by WageWorks.

Visit www.wageworks.com/ardent to learn about the easy and convenient tools available to help manage your accounts, find a complete list of eligible expenses, get claim forms and much more.

Important FSA rules

Expenses must be incurred between January 1, 2017 or the date that you are first enrolled in the plan—and March 15, 2018, to be eligible. You must file your claims no later than March 31, 2018. Be sure to save your receipts—you may need to provide them for verification. Other important notes to remember:

- Under the Affordable Care Act (aka, health care reform), over-the-counter drugs are not eligible for reimbursement unless prescribed by a doctor.
- Plan your contribution amounts carefully! The IRS requires that you forfeit any money left in your accounts after all eligible expenses have been reimbursed.
- If you elect an HDHP for medical coverage and contribute to an HSA, IRS regulations prohibit you from participating in the Health Care FSA. However, you can participate in the Limited-Purpose FSA, where your contributions are still on a tax-free basis but your reimbursements are limited to eligible dental and vision expenses only.
- You must re-enroll each year to participate. FSA elections do not carry over.

401(k) Retirement Savings Plan

The 401(k) plan gives you the opportunity to save for the future, with matching contributions from Ardent. Ardent matches 100 percent of the first 3 percent you contribute and 50 percent of the next 2 percent you contribute to the plan. The match is contributed to your account annually during the first quarter of the following plan year. If you are age 21 or older, you are eligible to participate in the plan on the first of the month, following 90 days of continuous active employment.

The earlier you start saving, the more potential you have to reach your goals. One of the most effective and convenient ways to save is to have the money automatically taken out of your paycheck each pay period and posted to your 401(k) account. Plus, when you invest on a pre-tax basis, you reduce your current taxable income. That means you'll pay less in taxes each pay period. Use the online paycheck calculator at ardenthealth.trsretire.com to find out what impact your contribution rate will have on your take-home pay. It may have a smaller impact than you'd think. From the Transamerica homepage, access the Resource Center on the left navigation bar.

Select Calculators and then scroll down to the Contribution Calculator under Loan/Tax/Savings Calculators.

To get more details or to enroll, go to ardenthealth.trsretire.com or call 888-976-8159.





Health Advocate service

Health Advocate provides service to help you and your eligible family members resolve health care and insurance-related issues, and balance your work and life. They offer three unique services: Your Personal Health Advocate, Personal Concierge Service and the Employee Assistance Program. These services are provided at no cost to you and extend to your spouse, dependent children, parents and parents-in-law.

A single call to Health Advocate at 866-799-2728 connects you with all these services, or get help online at www.HealthAdvocate.com/ardenthealth.

Your Personal Health Advocate

Your Personal Health Advocate (PHA) will help you navigate the health care system by cutting through the red tape, talking to your doctors and insurance company, and getting to the heart of your issue—fast. PHAs are typically registered nurses (supported by medical directors) and benefits and claims specialists. They'll help with complex conditions, find specialists, address eldercare issues, clarify insurance coverage, work on claims denials, help you negotiate medical bills and more.

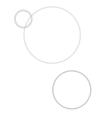
Personal Concierge Service

You also have access to experts who can help you with a wide range of personal tasks—saving you valuable time. The Personal Concierge Service experts can handle the details of personal tasks including:

- Restaurant reservations
- Party/event planning
- Ticketing for sporting, concerts and other events
- Travel bookings

Employee Assistance Program (EAP)

The EAP offers free, confidential counseling services and referrals, including five face-to-face visits per issue. The EAP is available 24/7 and you do not need to be enrolled in the benefit plans to use it.





Don't miss out on free money through matching contributions from Ardent. Enroll in the 401(k) as soon as you become eligible!



Your Benefit Resources						
Benefit	Contact	Website	Phone			
Enrollment	benefitsolver	www.getardentbenefits.com/enroll	844-411-4780			
Employee Assistance Program and Health Advocacy	Health Advocate	www.healthadvocate.com/ardenthealth	866-799-2728			
Wellness Program	Bravo Wellness	www.bravowell.com/ardent	844-529-5547			
Medical	UMR	www.umr.com	800-826-9781			
Pharmacy	CVS Caremark Maxor (BSA)	www.caremark.com www.maxorplus.com	866-477-1626 806-324-5430			
Dental	Delta Dental of TN	www.deltadentaltn.com	800-223-3104			
Vision	VSP	www.vsp.com	800-877-7195			
Flexible Spending Accounts and Health Savings Account	WageWorks	www.wageworks.com/ardent	877-WAGEWORKS 877-924-3967			
FMLA	FMLASource	www.fmlasource.com	877-GO2-FMLA 877-462-3652			
401(k) Retirement	Transamerica	ardenthealth.trsretire.com	888-976-8159			

Legal Notices

The legal notices below can be found at www.getardentbenefits.com. If you want a hard copy, you can print one directly from the website or request one from your local HR representative.

Affordable Care Act Notice

Ardent is required to provide you with an ACA Marketplace Notice that provides basic information about the new marketplaces and your Ardent benefits. This notice is meant to inform you that Ardent's medical plans already meet all the legal requirements under the ACA, so you don't need to take any action outside of the company's usual enrollment activities.

CHIP model notice regarding free or low-cost health coverage to children and family

This notice provides information about which states offer assistance with paying for your employer health care if you are unable to afford the premiums.

Your privacy under HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) establishes standards designed to protect the privacy of health information. Ardent may not release your protected health information to another individual without your consent, except for normal health care operations. If you grant use and disclosure of your private health information in writing, this information will only be disclosed in the manner you specifically authorize.

Medicare Part D prescription drug coverage

This notice has information about your current prescription drug coverage with Ardent Health Services and about your options under Medicare's prescription drug coverage.

Summary of benefits and coverage for medical plans (SBCs)

Under the health care reform law, Ardent is required to provide you with these fact sheets. They are meant to give you a standard format for comparing medical plans.

Women's Health Care and Cancer Rights

As required by the Women's Health and Cancer Rights Act of 1998, the Ardent-sponsored medical plans will not restrict benefits for any hospital stay in connection with childbirth (either for the mother or newborn child) to less than 48 hours following a normal delivery or 96 hours following a cesarean section. Ardent's medical plans also provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from all stages of a mastectomy, including lymphedemas.

About this guide: This guide describes the benefit plans available to you as an employee of Ardent Health Services. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all the details that are included in your Summary Plan Descriptions (SPDs), as described by the Employee Retirement Income Security Act. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Ardent Health Services.